



**Aetna Better Health®
of Kentucky**

PROVIDER NEWSLETTER

1st Quarter 2025



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It's ALL ABOUT YOU!!!!

ABHKY has updated and streamlined our communication platform. We want to provide you, in conjunction with your individual needs, the information you need, when you need it.

Please take a moment and click the following link to ensure the contact information for you and all in your organization is accurate in our system.

**CLICK
HERE**

QUESTIONS??? We've Got Your Back

Our Network Relations
help center is always available at



2025 Provider Workshops

6 Dates across Kentucky
Lexington
Covington
Morehead
Pikeville
Louisville
Owensboro

10AM-3PM

We are here to HELP!

Spend the day with our Network
Managers

The first hour of the event is open office
hours - get help right on site.

Followed by our interactive workshops

We're Hitting the Road Again!

Our provider engagement team is once again excited to be out in the community to meet with you, share the latest updates, and offer assistance in a variety of areas.

We understand that navigating multiple MCOs can be complex, so we want to make the process easier for you. You will have the chance to connect with Network Managers for hands-on assistance and access to real time support.

To enhance your experience - we've added open office hours and interactive workshops this year. Don't miss this opportunity to explore these resources to maximize your learning experience!

What do you need to know?

- Our staff will be available from 10:00am – 3:00pm

- Open office hours from 10am-11am – Lunch provided
- Scheduled workshops throughout the day on topics such as credentialing, Availity and billing trends for both behavioral and non-behavioral health providers.
- Talk with leadership, your Network Manager, and members of our quality teams.

Don't miss your opportunity to take advantage of these informative sessions!

Palooza Agenda:

10:00 - 11:00: Office Hours
 11:00 - 12:00: Enrollment 101
 12:00 - 12:30: Lunch Break
 12:30 - 1:00: Availity Overview
 1:00 - 1:30: Behavioral Health Overview
 1:30 - 2:00: Billing Trends

**CLICK HERE TO
REGISTER**



Don't Forget....

You can stay up to date on the latest provider news and helpful info.

<https://www.aetnabetterhealth.com/kentucky/providers/newsletters.html>

Integrated Behavioral Health

Whole health means focusing on the whole person. So it just makes sense to integrate medical, mental and behavioral health as equal parts on the health care continuum.

Whole health is the goal

We help members and their families by making key connections between medical, mental and behavioral health, as well as disability, wellness and prevention. These are the connections that help members take steps toward whole health.

Everyone wins with coordination of care

Working closely with providers to coordinate medical and behavioral care for members ensures appropriate screening, evaluation, treatment and referral for:

- Physical health
- Behavioral health or substance use disorders
- Dual or multiple diagnoses
- Developmental disabilities

Sharing information for healthier members

When medical and behavioral health providers work together, members benefit. Our behavioral health and medical providers share information with that goal in mind. This results in appropriate and effective coordination between medical and behavioral health care.

We ask primary care physicians (PCPs) and behavioral health providers to share:

- Pertinent history and test results within 24 hours of receipt in urgent or emergent cases
- Results for nonurgent or non-emergent lab results within 10 business days of receipt

According to the National Institute of Mental Health, people with serious mental illness (SMI) die 14 to 32 years earlier than the general population. The Patient Protection and Affordable Care Act outlines a specific model of integrated care, which provides a holistic patient centered approach and is believed to improve patient health. You can improve your patient's health outcomes by working closely together to address their mental health disorders in conjunction with their other physical conditions.

If you are a behavioral health provider ask your patient to sign an authorization to exchange information with their PCP.



Appeal and Grievance

REMINDERS

Where to send Claims Correspondence and requests for Appeal and Grievance.

Claim Resubmissions for Correction or Reconsideration

Resubmission of a corrected claim or resubmission of a claim with the missing documentation to meet clean claim criteria. If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

**Aetna Better Health of Kentucky
Attn: Corrected Claims**

Claim resubmissions for correction or reconsideration should be clearly marked on the envelope and the first page of the request.

Appeals and Grievances

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit appeals through the Availity provider portal using the direct application:

<https://apps.availity.com/availity/web/public.elegant.login>

or you may submit by fax to: **855-454-5585**.

If you prefer to mail hard copy requests for appeal, complaint or grievance, they must be sent to

Aetna Better Health of Kentucky

PO Box 81040
5801 Postal Road
Cleveland, OH 44181

For all requests **only submit the medical records relevant to your request and indicate which pages support your request**. If you are submitting multiple claims by hard copy or fax in one submission you must use physical barriers (elastic, paper clip, binder clip, sheet of blank colored paper etc.) for each claim.

Please remember to include accurate contact information with your request. Additional information may be needed to process your appeal or grievance and we may need to contact you to gather this information in a timely manner.

All requests for appeal must be submitted through the Availity portal or through the above address to maintain the original received date.

ADDITIONAL A&G REMINDERS:

- Providers must submit an appeal or grievance request (Appeal and Grievance forms are available for use) for each member and clearly state the request
- Providers must include each claim number needing attention for each member
- If medical records are needed, providers must attach them to the request
- Providers must send individual requests for each member
- Providers or 3rd parties must include a contact person, their phone number, and an address to send the decision letter to if it is different from the provider's address.

PRIOR AUTHORIZATION CONTACT INFORMATION

Medical

Phone: 1-888-725-4969

Fax: 1-855-454-5579

SKY Medical: 1-833-689-1422

SKY Concurrent Review: 1-833-689-1423

SKY Behavioral Health: 1-833-689-1424

Behavioral Health

Phone: 1-855-300-5528

Fax: 1-855-301-1564

Pharmacy: MedImpact

Phone: 1-844-336-2676

Fax: 1-858-357-2412

Concurrent Review Inpatient**Medical Requests -**

Fax: 1-855-454-5043

Phone: 888-470-0550

*Submission also available through
Availity***Psychological Testing: 1-844-885-0699****Retro Review**

Phone: 1-888-470-0550, Opt. 8

Fax: 1-855-336-6054

Vision/Dental (Avesis)

1-855-214-6777

Radiology/Pain Management (eviCore)

1-888-693-3211

If you have a **retrospective review request** where the services have already been rendered,
Please send these your request to:

Kentucky Medical Retrospective review @ 855-336-6054

CAHPS: Reference guide for physicians, with best practices

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a tool for assessing patients' experiences with their health plan, personal doctor, specialists and healthcare in general. This survey has become the national standard for measuring and reporting on the experiences of consumers with their health plans. CAHPS is a mandated regulatory/accreditation survey sent to a randomly selected number of Medicaid members.

The suggestions below are provided to help you enhance your patients' health care experience.

CAHPS member survey questions	Industry best-practices for physicians
Getting appointments and care quickly	
When care was needed right away, how often did you get care as soon as you needed it? ----- ----	Patients who are aware of potential scheduling timelines can plan for time needed and adjust accordingly.
How often did you see the person you came to see within 15 minutes of your appointment time? ----- ----	Notify patients by text, phone or in the waiting room if there are wait time delays. This helps manage patient expectations.
How often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?	Advocate for your patient and ask if they have transportation available for their appointment. Resources For Living (RFL), offered by Aetna can put your patients in touch with transportation resources.
Getting needed care	
How often did you get an appointment to see	Patients who understand why types of care, tests or treatments are essential are more

a specialist as soon as you needed?

How often was it easy to get the care, tests, or treatment needed?

likely to adhere to a care plan and seek the care that is recommended and needed.

Encourage practice staff to provide patients with support in identifying in-network specialist care and services (e.g. labs, imaging, radiology).

How well doctors communicate

Were things explained to you in a way you could understand?

How often did your personal doctor spend enough time with you?

Effective communication with patients is key to improving patient engagement. Health literacy techniques, such as not using medical jargon and having the patient (or their caregiver) repeat back their plan-of-care instructions in their own words, can break down communication barriers.

Coordination of care

For scheduled appointments, how often did your doctor have your medical records or other information about your care?

When your doctor ordered a blood test, x-ray, or other test for you, how often did:

1. someone from the doctor's office follow-up to give you those results?
 2. you get results as soon as you needed them?
- ----

How often did your doctor seem informed and up-to-date about the care you got from specialists?

How often did you and your doctor talk about the prescription medicines you were taking?

How often did you get the help that you needed from your doctor's office to manage your care among different providers and services?

Patients report having a more optimal experience when their providers are familiar with their history at the time of their appointments.

Offering to walk through registration and use of your patient portal will go a long way in helping patients access their medical records and test results in a timely manner.

New and established patients without an appointment in the last year should be encouraged to schedule their Medicaid Annual Wellness Visit and a physical to ensure the conversations about their health, medications, and the care they receive from other providers. This will ensure annual preventive exams are scheduled and care is coordinated on behalf of the patient.

Overall rating of healthcare quality

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Patient councils are great for helping clinical practices understand the patient's experience with the practice's process improvement initiatives.

Flu Shot

Have you had a flu shot this year?

Patients who are well informed of the benefits and safety of the flu vaccine are more likely to get the vaccine. Knowing it is protective and won't make them sick also helps.

Cultural competence

When you needed an interpreter at your doctor's office or clinic, how often did you get one?

Understand language-preference and interpretation needs in advance of appointments to ensure resources are available.

What is EPSDT

The Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program.

The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

- Preventive screening
- Diagnosis and treatment
- Transportation and scheduling
- assistance
- Follow-up care with specialists
- Immunizations

Screening must include:

- Comprehensive health history
- Comprehensive un-clothed
- physical exam
- Mental developmental history
- Physical developmental history
- Health education, including
- anticipatory guidance
- Appropriate immunizations
- Lead toxicity screening
- Laboratory tests
- Dental services
- Hearing services
- Vision services

EPSDT Billing/Reporting

EPSDT screening services must be reported with the age-appropriate evaluation and preventative medicine CPT Codes (99381-99385 and 99391-99395) along with the EP modifier. An appropriate procedure code must be submitted on the CMS 1500 form.

Please contact your Network Relations Manager to determine if there are any exceptions for EPSDT special services. The primary diagnosis should be submitted

as the first diagnosis in field 21 of the CMS claim form. Additionally, this same primary diagnosis must be reflected on the appropriate line-item diagnosis item (field 24 E). The appropriate services associated with the EPSDT screening must be rendered and the codes for these services included in the claim with an EP modifier accompanying each code. EPSDT claims must be billed on a CMS 1500 form.

Please refer to the billing instructions at www.chfs.ky.gov. Aetna Better Health will provide coverage for an office visit performed at the same time as the EPSDT screening if the child was seen for a reason other than the EPSDT screening (i.e., sick child visit). Additionally, Aetna Better Health will provide coverage for an EPSDT screening performed during a prenatal visit for member 20 and under.

Modifier – EP (EPSDT Services)

Modifier EP is available for use with evaluation/ management codes when the member is under age 21 on the date of service. Using the EP modifier is required for EPSDT services provided to a member.

Modifier SL must be used when billing Vaccines for Children (CFC) immunizations. Refer to Section 2, I., for more information on billing VFC services.

Modifier 26 is no longer used.

Bringing Support

Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery. For questions about how to access Aetna CHW services email us at PHM_ABHKY@aetna.com.

Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

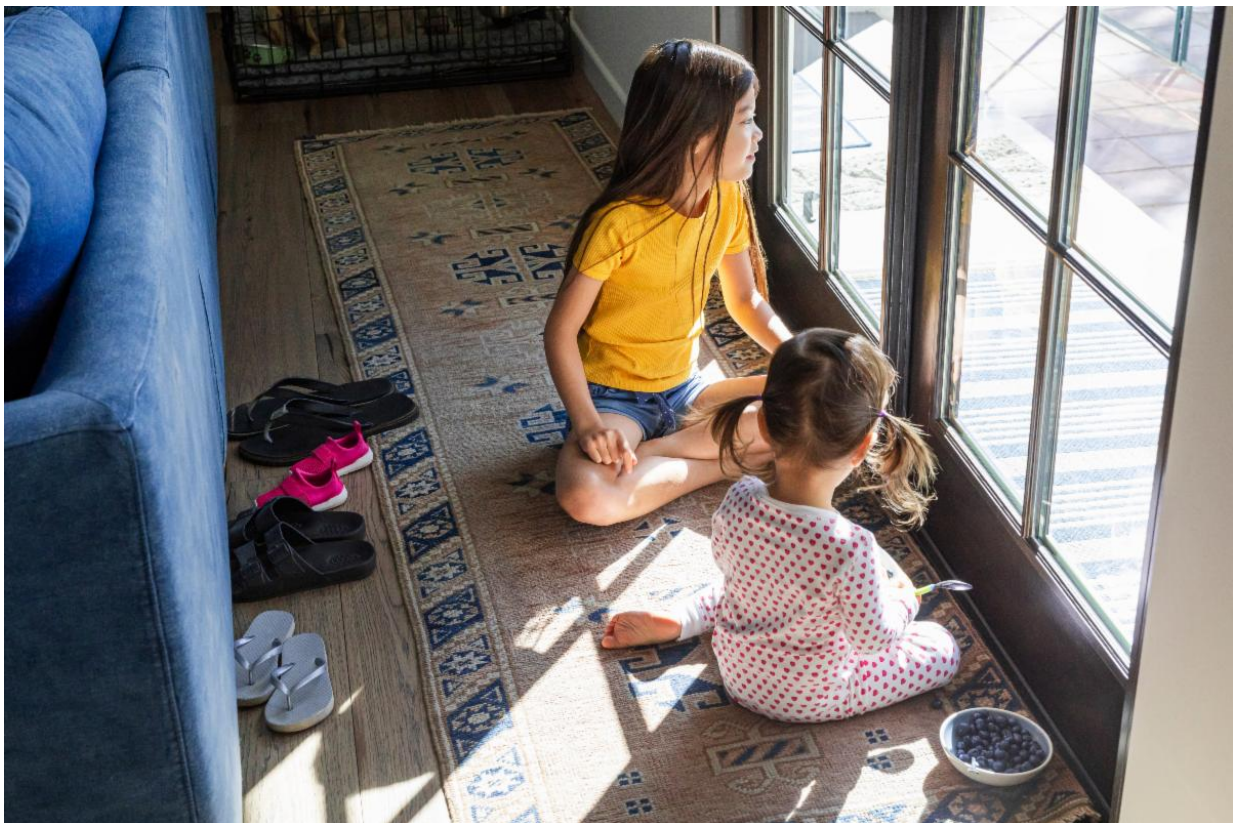
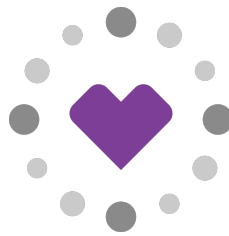
Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations

- Develop a partnership based on empathy, exchanging information about the available options,
- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.

- [Mayo Clinic | Care that fits](#)
- [Statin Choice | Mayo Clinic](#)
- [Depression Medication Choice | Mayo Clinic](#)
- [Cardiovascular Primary Prevention Choice | Mayo Clinic](#)
- [My Life My Healthcare Toolkit and Conversation Guide](#)



SKY
High Fidelity WrapAround and

Peer Support Specialists

High Fidelity WrapAround is a Family-driven, team-based process for planning and implementing services and supports. It is designed to help youth and families get their current needs met, learn new skills to better manage their behavior and life, and develop the skills and resources to manage a crisis after wraparound.

Peer Support Specialists bring their shared lived experience in order to assist parents and caregivers to increase their education about services, navigational skills and advocacy skills. They help empower families to become active participants in their child's services.

For more information on these programs, reach out to:
Sarah Thames High Fidelity WrapAround Program Manager
Elizabeth Combs Peer Support Specialists Program Manager

This is how we "ROLE" Trainings to support our Providers



The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, marrsm@aetna.com for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

<https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html>

Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

2nd Thursday each month 11am to 12pm EST



New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

3rd Thursday each month 10:30am to 12pm EST

Visit our News and Events page for registrations and links to Join.

News and Events

University of Kentucky Center on Trauma and Children 3 Hour Trauma Informed Care Virtual Training Series Sponsored by Aetna

The Trauma Informed Care Learning Collaborative for Aetna Provider and Partner Organizational Teams offers training to support a path for organizations to transform from introductory trauma awareness to integrated and advanced trauma-informed practices, approaches, and care.

Participating teams will attend four virtual learning sessions, develop a plan for starting to implement trauma informed practices, and have an opportunity to participate in two virtual learning calls. There will be a pre-learning collaborative orientation call for leaders and team participants.

Participants will be provided written information, resources, and support to help facilitate the implementation of various trauma-informed practices. Cased-based learning will be utilized throughout the learning collaborative.

PLEASE NOTE: This TIC Learning Collaborative isn't designed for individuals, this is for organizations to send teams to learn and plan implementation of trauma informed care within their organization.

SERIES SCHEDULE:

Pre-Learning Collaborative Orientation/

Welcome Call: March 25, 2025, 12:00-1:00 EST (virtual)

Learning Session 1: March 31, 2025: 9:00 am–1:30 EST (virtual)

Learning Session Call 1: April 8, 2025: 12:00-1:00 EST (virtual)

Learning Session 2: April 24, 2025: 9:00 am–1:30 EST (virtual)

Learning Session 3: May 6, 2025: 9:00 am - 1:30 EST (virtual)

Learning Call 2: May 20, 2025: 12:00-1:00 EST (virtual)

Learning Session 4: May 27, 2025: 9:00-1:30 EST (virtual)

CEUs will be available for SW, Psych, LPCC/A, EILA

**CLICK HERE TO
REGISTER**

Please register PRIOR to the event.

If you have questions, you can reach out to Dawn Burke at BurkeD3@aetna.com.



“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”

— President Obama, National Foster Care Month 2015 Presidential Proclamation

Learn More About
SKY



CONNECT WITH US
AND JOIN THE CONVERSATION



Don't Forget

Send any Provider Directory Updates to
kyproviderupdates@aetna.com

- NEW OFFICE ADDRESS
- NEW OFFICE PHONE NUMBER
- CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.

Aetna Better Health of Kentucky | 9900 Corporate Campus Drive Suite 1000 | Louisville , KY
40223 US

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